

# FORM B-LD

## REASONABLE TESTING ACCOMMODATIONS SUPPLEMENTAL DOCUMENTATION FOR LEARNING DISABILITIES (To be completed by a licensed professional)

**Dear Physician or Licensed Professional:** Thank you for completing this form. The South Dakota Board of Bar Examiners' policy requires that an applicant with a specific learning disability must have been identified by a psycho-educational assessment process that includes data from both cognitive and achievement measures listed below. Test results should:

1. Have been administered within the last two years;
2. Identify normative academic skills deficit(s);
3. Identify normative information processing deficit(s);
4. Certify that the applicant's intellectual ability is within the normal range of functioning or higher.

**(Please Type)**

Applicant Name:	
Nature and extent of impairment:	
Summary of diagnosis:	

### BACKGROUND INFORMATION

How does the applicant's disability currently present itself?
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What is the academic and developmental history of the disability? (Attach any relevant documents; e.g., assessment summaries, IEP's from earlier records, grade transcripts, etc.)
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List relevant family history.
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What remediation has been attempted and what were the results?
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Were other diagnoses or conditions ruled out as the primary cause of academic skills deficits (e.g., anxiety, psychological disturbance, etc.)?

What fundamental limits does the disability impose (e.g., occupational, socially, psychologically)?

Indicate below which specific tests were used in the psycho-educational assessment. **Please attach a copy of the completed report with this document.**

**Tests of Cognitive Ability and Processes, such as:**

- ☐ Wechsler Adult Intelligence Scale-Third Edition (WAIS-III)
- ☐ Wechsler memory Scale-Third Edition (WMS-III)
- ☐ Woodcock-Johnson Tests of Cognitive Ability (WJ III COG)
- ☐ Kaufman Adolescent and Adult Intelligence Test (KAIT)
- ☐ Other tests, please specify: \_\_\_\_\_

**Tests of Achievement, such as:**

- ☐ Woodcock-Johnson Tests of Achievement III (WJ III ACH)
- ☐ Woodcock Diagnostic Reading Battery (WDRB)
- ☐ Woodcock Reading Mastery Tests-Revised/Normative Update (WRMT-R-NU)
- ☐ Other tests, please specify: \_\_\_\_\_

How will this condition be ameliorated by the recommended test accommodation?

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
[ Signature of Licensed Professional ]

\_\_\_\_\_  
[ Name (Print) ]

\_\_\_\_\_  
[ Date ]

NOTE: I understand this information may be reviewed by a physician or licensed professional retained by the Board of Bar Examiners to assist in determining reasonable testing accommodations.